

8-3-07

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Mail Stop Reissue

**TRANSMITTAL**

**FORM**

(To be used for all correspondence after initial filing)

Express Mail Label No.: EV 673795864 US		Application Number	09/473,196
Total Number of Pages in This Submission: 15		Filing Date	December 13, 1999
		Confirmation Number	9700
		Inventor(s)	SANDERS
		Group Art Unit	3738
		Examiner	Isabella, D.
		Attorney Docket No.	88-01 C2D1C1RE

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate)	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet
<input type="checkbox"/> Fee Attached <span style="border: 1px solid black; padding: 2px;">\$</span>	<input type="checkbox"/> Cover Sheet	<input type="checkbox"/> After Allowance Communication to Group
Check No.: <span style="border: 1px solid black; padding: 2px;"> </span>	<input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Request for Return of PTO-1449 Forms	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to the Commissioner	<input type="checkbox"/> Request for Continued Examination (RCE)
<input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Request Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Address	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer(s)	<input type="checkbox"/> Request for Refund
<input type="checkbox"/> Form PTO-1449	<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Cited References	<input type="checkbox"/> Certificate of Mailing by Express Mail	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Search report		
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet	<input checked="" type="checkbox"/> Other Enclosure(s): <u>Copy of Amendment dated May 11, 1994;</u> <u>Copy of Form PTOL-271 dated July 14, 1994.</u>	
<input type="checkbox"/> Formal		
<input type="checkbox"/> Informal		

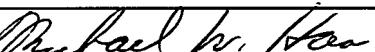
**Current Due Date:** August 22, 2007 (3 months extended)

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	
Date	August 2, 2007

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:  
Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 2, 2007,  
Express Mail Label No. EV 673795864 US.

Typed Name	Michael W. Haas, Reg. No. 35,174		
Signature		Date	August 2, 2007

		Application Number	09/473,196
		Filing Date	December 13, 1999
		First Named Inventor	SANDERS
		Confirmation Number	9700
		Group Art Unit	3738
"Express Mail" Label No. EV 673795864 US		Examiner's Name	Isabella, D.
<b>TOTAL AMOUNT OF PAYMENT</b> <b>\$ 1,020.00</b>		Attorney Docket No.	88-01 C2D1C1RE

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																								
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <b>50-0558</b> Deposit Account Name <b>Respirronics, Inc.</b>		<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s). $\frac{\text{Total Sheets}}{0 - 100} = \frac{\text{Extra Sheets}}{0 / 50} = \frac{\text{Number of each additional 50 fraction thereof}}{0} \text{ (round up to a whole number)} \times \frac{\text{Fee} (\$)}{250} = \frac{\text{Fee Paid} (\$)}{0.00}$																																																																																																																																																																																								
2. <input type="checkbox"/> Payment Enclosed: Check (Check No. _____)		<b>4. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or declaration</td> <td></td> </tr> <tr> <td>1811</td> <td>100</td> <td>1811</td> <td>100</td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>576</td> <td>25</td> <td>576</td> <td>25</td> <td>Additional filing receipt, duplicate or corrected due to applicant error</td> <td></td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for response within third month</td> <td><b>1,020.00</b></td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>500</td> <td>2401</td> <td>250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>1453</td> <td>1,500</td> <td>2453</td> <td>750</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>1501</td> <td>1,400</td> <td>2501</td> <td>700</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1814</td> <td>130</td> <td>2814</td> <td>65</td> <td>Statutory Disclaimer</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of property)</td> <td></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination</td> <td></td> </tr> <tr> <td>1504</td> <td>300</td> <td>1504</td> <td>300</td> <td>Publication Fee</td> <td></td> </tr> <tr> <td colspan="5">Other Fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="2"> <b>SUBTOTAL (1)</b> <b>\$ 0.00</b> </td> <td colspan="3"> <b>SUBTOTAL (3)</b> <b>\$ 1,020.00</b> </td> <td></td> </tr> <tr> <td colspan="6"> <b>SUBMITTED BY</b> <table border="1"> <tr> <td>Typed or Printed Name</td> <td colspan="3">Michael W. 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